MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009579 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.		17				
TOTAL CLAIMS		18				

	* IND.	DEP.	* IND.	DEP.	* IND	DEP.
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TOTAL IND.						
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

C-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS